

ON

33337

Vol. 991 Page 16313

KNOW ALL MEN BY THESE PRESENTS, That \_\_\_\_\_ having received  
 JOSEPH E. JOHNSON \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)  
 the sum of \_\_\_\_\_ KLAMATH KENNELS, INC., an Oregon  
 as a partial payment on that certain mortgage executed by \_\_\_\_\_  
 Corporation \_\_\_\_\_  
 mortgagor dated January 24, 19 80, in favor of JOSEPH E. JOHNSON \*\*  
 record of mortgages of \_\_\_\_\_ mortgagee and recorded in book/reel/volume No. M80  
 Klamath \_\_\_\_\_ county, Oregon, on page 1480, or as fee/file/instrument/  
 microfilm/reception No. \_\_\_\_\_ (indicate which), on January 24, 19 90, does hereby release from the  
 lien of said mortgage, the following described premises therein described, viz:

\*\* By Assignment recorded 2-24-89, in M89, page 3411, Joseph E. Johnson assigned his  
 interest to Ella M. Brown.

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

and that the remainder of said lands in said mortgage specified shall remain subject thereto as heretofore.  
 In construing this partial release of mortgage, where the context so requires, the singular includes the plural and  
 all grammatical changes shall be made so that this instrument shall apply equally to corporations and to individuals.  
 In Witness Whereof, the grantor has executed this instrument; if a corporate grantor, it has caused its name to  
 be signed and its seal affixed by an officer duly authorized thereto by order of its board of directors.  
 Dated August 13, 19 91

ELLA M. BROWN

(If the signer of the above is a corporation,  
 use the form of acknowledgment opposite  
 and affix corporate seal.)

STATE OF OREGON, ) ss.

County of Klamath

This instrument was acknowledged before me on  
 August 13, 19 91, by

Ella M. Brown

PUBLIC

Notary Public for Oregon

(SEAL)

My commission expires: 12-19-92

STATE OF OREGON, ) ss.

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_  
 19 \_\_\_\_\_, by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_

Notary Public for Oregon

(SEAL)

My commission expires: \_\_\_\_\_

## Partial Release of MORTGAGE

TO

AFTER RECORDING RETURN TO  
 Ella M. Brown  
 510 Miller Island Rd.  
 Klamath Falls, Oregon  
 97601

(DON'T USE THIS  
 SPACE: RESERVED  
 FOR RECORDING  
 LABEL IN COUN-  
 TIES WHERE  
 USED.)

STATE OF OREGON, ) ss.

County of \_\_\_\_\_

I certify that the within instru-  
 ment was received for record on the  
 day of \_\_\_\_\_, 19 \_\_\_\_\_,  
 at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded  
 in book/reel/volume No. \_\_\_\_\_ on  
 page \_\_\_\_\_ or as fee/file/instru-  
 ment/microfilm/reception No. \_\_\_\_\_  
 Record of Mortgages of said County.

Witness my hand and seal of  
 County affixed.

By \_\_\_\_\_ NAME \_\_\_\_\_ TITLE Deputy

## EXHIBIT "A"

DESCRIPTION OF PROPERTY

The following described real property situated in Klamath County, Oregon:

A tract of land situated in Government Lot 1 in the NW $\frac{1}{4}$  of Section 29, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at a point 40 feet South of the Northwest corner of the NE $\frac{1}{4}$ NW $\frac{1}{4}$  of Section 29, Township 39 South, Range 9 East of the Willamette Meridian; thence South 1280 feet; thence East 659.4 feet; thence North 1280 feet to the South line of the Miller Island Road; thence West along the line of said road 659.4 feet to the point of beginning.

EXCEPTING THEREFROM a tract of land situated in Government Lot 1 in the NW $\frac{1}{4}$  of Section 29, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at a point 40 feet South of the Northwest corner of the NE $\frac{1}{4}$ NW $\frac{1}{4}$  of Section 29, Township 39 South, Range 9 East of the Willamette Meridian; thence South 1280 feet; thence East 281.22 feet; thence North 1280 feet to the South line of the Miller Island Road; thence West along the line of said road 282.99 feet to the point of beginning.

EXCEPTING THEREFROM any portion lying within the right of Miller Island Road.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title co. the 16th day  
of Aug. A.D. 19 91 at 2:32 o'clock P. M. and duly recorded in Vol. M91,  
of Mortgages on Page 16313.

Evelyn Biehn - County Clerk

By D. A. Biehn Notary Public

FEE \$13.00

087818  
I.D. TAG NO.

264

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

State File Number

1 DECEDENT'S NAME First: <u>Mary</u> Middle: <u>COFFMAN</u> Last: <u>COFFMAN</u>		2 SEX <u>Female</u>	3 DATE OF DEATH (Month, Day, Year) <u>July 22, 1991</u>
4 SOCIAL SECURITY NUMBER <u>541-30-2888</u>	5a AGE - Last Birthday (Year) <u>72</u> 5b Under 1 Year 5c Under 1 Day	6 BIRTHPLACE (City and State or Foreign Country) <u>Winfield, Alabama</u>	7 DATE OF BIRTH (Month, Day, Year) <u>July 19, 1919</u>
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) <u>4436 Onyx</u>		9c CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	9d COUNTY OF DEATH <u>Klamath</u>
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Nurse</u>		10b KIND OF BUSINESS/INDUSTRY <u>Health Care</u>	11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>
12 SPOUSE (If Married, Widowed, Divorced (Specify) <u>R.A. Coffman</u>			
13a RESIDENCE - STATE <u>Oregon</u>	13b COUNTY <u>Klamath</u>	13c CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	13d STREET AND NUMBER <u>4436 Onyx</u>
14 INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 ZIP CODE <u>97603</u>	16 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	17 RACE American Indian, Black, White, etc. (Specify) <u>White</u>
18 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) <u>2</u>			
19 FATHER - Name first middle last <u>Edward Washington Smith</u>		20 MOTHER - Name first middle maiden <u>Virginia Alice Bishop</u>	
21 METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		22 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>		24 LICENSE NUMBER (Of licensee) <u>3224</u>	
25 NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Hwy #391 Klamath Falls, Ore. 97603</u>			
26 DATE FILED (Month, Day, Year) <u>JUL 29 1991</u>		27 REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
28 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		29 WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
30 TIME OF DEATH <u>4:45 P.M.</u>		31 WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Alden Glidden</u>			
33 DATE SIGNED (Month, Day, Year) <u>7-24-91</u>		34 COUNTY <u>Klamath</u>	
35 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Alden Glidden, MD - 2680 Uhlmann Rd. - Klamath Falls, Oregon 97601</u>			
36 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
37 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)			
(a) DUE TO, OR AS A CONSEQUENCE OF: <u>Metabolic Unbalance (Cerebral)</u>		Interval between onset and death <u>3-91</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I <u>MI 9/87</u>			
38 Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		39 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41 DESCRIBE HOW INJURY OCCURRED	
42a DATE OF INJURY (Month, Day, Year)		42b TIME OF INJURY	
42c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42d PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))	
42e LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT ORIGINAL VITAL STATISTICS COPY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED JUL 30 1991

Donna C. Verling  
DONNA C. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of R.A. Coffman the 16th day of Aug. A.D., 19 91 at 3:22 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 16315.

FEE \$8.00

Return: R.A. Coffman  
4436 Onyx, Klamath Falls, Or. 97603

Evelyn Biehn  
By Donna C. Verling County Clerk